SUBMIT: COMPLETED APPLICATION, TAX STATEMEN, SND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Authorized Agent:

Address to send permit _

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN ENTERED Date Stamp (Received) JUL 2 0 2018 Bayfield Co. Zoning Dept

Permit #:	180069
Date:	7-31-18
Amount Paid:	\$96 7-23-18
Refund:	

Date_

Attach Copy of Tax Statement

Checks are made pay	able to: B	Bayfield (County Zoning	Department.		PLICANT.	Dept.		SHED	FILL OU	T IN IN	K (<mark>NO PE</mark>	NCIL)		
TYPE OF PERMIT F	REQUEST	TED-	► X LANI	USE SA	NITAR	Y D PRIVY	□ CON	DITIONA		SPECIAL		□ B.O./		OTHER	
Owner's Name:					Maili	ing Address:		City	/State/Zip:				Telephon		
Scott + M	Mary	Ne	uman	n	16411 DysprosiumSt NW Ramsey MN 5						553	03		Mary	
Address of Property	:				City/State/Zip:						Cell Phone:			ie:	
66110 W.	Iro	n La	ke Ln		Fron River, WI 54847									532-6357 2-703-4328	
Contractor:					Cont	ractor Phone:	Plumbe						Plumber		
Jason					_	-580-5968				1 0: /0:	(m.)				
Authorized Agent: (Person Sigi	ning Appi	ication on benai	r of Owner(s))	Agen	nt Phone:	Agent	viailing Ad	idress (inclu	de City/State	ce/Zip): Written Authoriza Attached				
PROJECT					Tax I	D#					Recor	rded Docui	☐ Yes	□ No wing Ownership)	
LOCATION	Legal	Descrip	otion: (Use Ta	ax Statement)								65			
1/4,	1	L/4	Gov't Lot	Lot(s)	CSM	CSM Vol & Page CSM Doc # Lot(s) No. Block(s) No.					Subdi	ivision:			
Section 24	Ŧ		47	00		Town of:		/			Lot Si	ze	Acreag	ge	
Section	, 10W	nsnip _	N, R	ange <u>09</u>	<i>N</i>	H	ughes	(02	2)		Irre Sees	gular urvey in	ap 3,	26	
	Cree			n 300 feet of Riv of Floodplain?		eam (incl. Intermitte		ance Stru	icture is fr	om Shorelin	ie : feet	Is Prop		Are Wetlands	
Shoreland →	☐ Is Property/Land within 1000 feet of La					nd or Flowage	Dist	ance Stru	cture is fr	om Shorelin	ie:	A CONTRACTOR OF THE PARTY OF TH	es es	Present?	
artist english					lf y	escontinue —	-				feet	XI	<mark>Vo</mark>	<mark>⊠ No</mark>	
☐ Non-Shoreland															
Value at Time		W-11				Targer I	. 3	# of	100	4 2 1 - 10	j. i Santa		1		
of Completion		Project # of Stori				Females	her	lrooms			hat Typ			Type of Water	
* include donated time &					es	Foundation		In the second se			r/Sanitary System n the property?			on	
material							ucture				perty.	Switz.	property		
			Alteration	1-Story	l oft										
\$ 32,000		versio	Alteration	☐ 1-Story + ☐ 2-Story	LOTT *								2-67 1	XWell	
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			ness on	y		Use		None		able (w/ser			200 Build		
qu	Pro	perty				☐ Year Rour	nd		☐ Com	post Toilet	t				
	Ш								□ None	9					
Existing Structure		rmit bei	ng applied fo	r is relevant to i	t)	Length: 5	21		Width:	321 321		Hei	ight:	16'	
Proposed Constr	uction:	r tilyr			A ST	Length: /	6		Width:	32'		Hei	ight:	16'	
Proposed Us	е	1				Proposed Stru	cture				Di	imension	ıs	Square Footage	
			Principal:	Structure (fir:	t struc	cture on proper	ty)				(Х)	rootage	
			Residence	e (i.e. cabin, h	unting	shack, etc.)					(Х)		
☐ Residential	l Isa			with Loft	E.						(Х)		
A Heardening	330			with a Pord with (2 nd) P						(X)			
				with a Decl						(X)			
				with (2 nd) D	eck					(Х)	i i		
☐ Commercial	Use			with Attach	ned Garage						(Х)		
						☐ sleeping quart					(Х)		
			Mobile H	ome (manufact	ured da	ate)					(Х)		
☐ Municipal U	se					-					(Х)		
									1 1	,	(X)		
		×	Accessory	Building Add	ition/	Alteration (spec	city) <u>add</u>	ution	to she	-d	1/6	, x3:	ر ا	512	
			Special Us	e: (explain)							(Х	1		
			Condition	al Use: (explain	n) _						(X)		
+											(X)		
						TING CONSTRUCTION		IT A PERMI	T WILL RESU	LT IN PENALT	IES				
I (we) declare that this a (are) responsible for the	detail and	accuracy o	any accompanying of all information I	information) has be (we) am (are) provid	en examir ing and th	ned by me (us) and to t nat it will be relied upor	he best of my	(our) knowle	edge and belie	f it is true, corre	ect and con	ve) further ac	cent liability	which may be a	
result of Bayfield Count property at any reasona	y relying or	this infor	mation I (we) am	(are) providing in or	with this	application. I (we) cons	ent to county	officials cha	rged with adm	inistering count	ty ordinand	ces to have a	ccess to the a	bove described	
					4	Mary V	10	nan			Б.	7-	-20-	-2018	
(If there are Mult	iple Own	ers listed	on the Deed	All Owners must	sign <u>or</u>	Mary V letter(s) of authori	zation mus	t accompa	any this app	lication)	Date		T.		

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Fill Out in Ink – NO PENCIL

Show Location of: Proposed Construction Show / Indicate: North (N) on Plot Plan

(3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property

(5) Show: $(*) \ \textbf{Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) \ \textbf{Holding Tank (HT)} \ and/or \ (*) \ \textbf{Privy (P)}$

Show any (*): (6) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attachment

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurem	ent		Description	Measurem	ent
			Ę-			
Setback from the Centerline of Platted Road	230	Feet		Setback from the Lake (ordinary high-water mark)	275	Feet
Setback from the Established Right-of-Way	170	Feet		Setback from the River, Stream, Creek		Feet
				Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	275	Feet	14			
Setback from the South Lot Line	170	Feet		Setback from Wetland	,	Feet
Setback from the West Lot Line	25	Feet		20% Slope Area on the property	☐ Yes ☐	No
Setback from the East Lot Line	360	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	270	Feet		Setback to Well	200	Feet
Setback to Drain Field	290	Feet		Setback to South Cabin drain field	15 F	pot
Setback to Privy (Portable, Composting)	,	Feet		Setback to South Cabin drain field to new screen porchaddition	121	
Prior to the placement or construction of a structure within ten (10) feet of	of the minimum require	ed sethack t	he ho	oundary line from which the setback must be measured must be visible from one	manufactule accuracy dis-	an au ta tha

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the ow

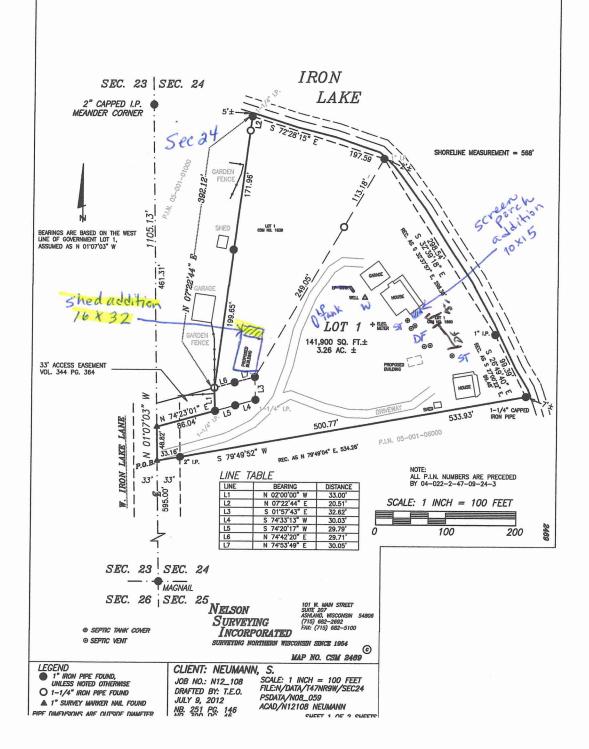
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 12	-1185	# of bedrooms: 2	Sanitary Date:	12/2/2012
Permit Denied (Date):	Reason for Denial:				1012/2016
Permit #: 18-0269	Permit Date: 7.31	-18			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes (Fused/Contigue Yes (Fused/Contigue	ous Lot(s)) No	Mitigation Required Mitigation Attached	☐ Yes	Affidavit Required Affidavit Attached	☐ Yes Yoo ☐ Yes
Granted by Variance (B.O.A.) ☐ Yes Wo Case #:		Previously Granted by Yes No		#: NA	
Was Parcel Legally Created Was Proposed Building Site Delineated WYes □ No Wyes □ No	YOUR STREET	Were Property Line	es Represented by Owner Was Property Surveyed	Yes CSM I	□ No
Inspection Record: Applition to exist	1~3 Structur			Zoning District Lakes Classificatio	(P1)
Date of Inspection: 7 27 2018	Inspected by:		rnad	Date of Re-Inspec	ction:
	human ha	bitation.	No HO UM	der pre	ssure or
blompind toxfores no	uless Seid S	structure is	Servel 5	y · code	Complex
Signature of Inspector:	\(\)			Date of Appro	0W13 pval: 7/36/2018
Hold For Sanitary: Hold For TBA:	Hold For Affida	avit: 🗆	Hold For Fees:	_ 🗆	

BAYFIELD COUNTY CERTIFIED SURVEY MAP NO.

BEING LOT 1 OF CSM NO. 1639 AND LOT 1 OF CSM NO. 1660, LOCATED IN GOVERNMENT LOT 1, SECTION 24, T. 47 N., R. 9 W., IN THE TOWN OF HUGHES, BAYFIELD COUNTY, WISCONSIN



city, Village, State or Federal
May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

18-0269 **Scott & Mary Neumann** No. Issued To: Location: $\frac{1}{4}$ of -Section **Township** 24 47 Range 9 Hughes Town of Gov't Lot Lot Subdivision Block CSM#

For: Residential Accessory Structure Addition: [1-Story; Shed Addition (16' x 32') = 512 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for human habitation. No water under pressure or plumbing fixtures unless said structure is served by a code compliant POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

July 31, 2018

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEWENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Authorized Agent: _

Address to send permit_

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

ENTERED JUL 2 0 2018 Bayfield Co. Zoning Dept.

Permit #: Date: Amount Paid: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Date

If you recently purchased the p

Attach Copy of Tax Statement

DO NOT START CONS	IKUCIIOI	NUNTILA	ALL PERIVITS H	IAVE BEEN 1330ED	TOALL	>	CREEN F	TREAT THE OU	i iiv iivic (i	NO PENCIL		
TYPE OF PERMIT R	EQUEST	TED→	☐ LANE	O USE 🗆 SAI	NITAR	Y 🗆 PRIVY 🗆	CONDITIONA	AL USE SPECIAL	USE 🗆	B.O.A.	□ отн	ER
Owner's Name:		X /				ng Address:		/State/Zip:			phone:	
Scott & M	ary	Nei	lmann		164	11 Dysprosium	STNW RO	amsey MN	5 5 30	3	20	00
Address of Property.					City/	State/Zip:				Cell	Phone:	10357
66110 W.	Lror	1 La	ke Ln		7	Fron River,	WI 54	847				
Contractor: Jaso	. (1	1					lumber:					
				0 W	_	0-580-5968						
Authorized Agent: (Person Sigr	ning Appli	cation on behal	f of Owner(s))	Agen	t Phone: A	gent Mailing Ad	ldress (include City/State	/Zip):			orization
												lo
PROJECT	Legal	Descrip	tion: (Use Ta	ax Statement)	Tax II	36495						
LOCATION	Legar	D C 3 C 1 1 P							V .106	5	P. 7	.>>
1/4,	1	1/4	Gov't Lot		CSM		l Doc# Lot(s) No. Block(s) No.	Subdivision	on:		
		41140	/	/ /	808	104 332-3						
Section 24	, Tow	nship 4	7N N, R	ange <u>09</u> v	N	Town of:	es (o	22)	Lot Size	ular	creage	~ /
		_				mugn	60 (0		see sur	vey may	0 31	26
	☐ Is P	roperty	/Land withir	n 300 feet of Riv	er, Stre	eam (incl. Intermittent)	Distance Stru	cture is from Shorelin	e:	s Property	in A	ro Wotlands
₩Charaland		k or Lan	dward side o	of Floodplain?	If y	vescontinue			E4	odplain Zo		Present?
Shoreland —	X Is P	roperty	/Land withir	n 1000 feet of La	ake, Por	nd or Flowage		cture is from Shorelin	e:	Yes		Yes
					If y	escontinue ->		75'	feet	No		No
☐ Non-Shoreland												
V-1		L						TO CHARLES TO SERVICE STATE OF THE SERVICE STATE OF				
Value at Time of Completion							# of	W	nat Type o	f		Type of
* include		Proje	ct	# of Storie	es	Foundation	bedrooms		Sanitary S			Water
donated time &							in structure		he prope			
material	□ Nov	u Const	rustion	□ 1 Ctom/		□ Persment	- Alle and Alle Services	DAmining //City				
			truction Alteration	☐ 1-Story ☐ 1-Story +	Loft	☐ Basement ☐ Foundation	□ 1 □ 2	☐ Municipal/City ☐ (New) Sanitary				
\$ 10,000		version		✓ 2-Story	LOIL	□ ø	1X 3				n's truel	
10,000		14613101	1	A 2-Story		□ <u></u> <u></u> <u> </u>	X 3	Samuary (Exists				
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			ness on			Use	□	☐ Privy (Pit) or ☐ Portable (w/ser			gallon)	
75	☐ Run					Use Use Vear Round		☐ Privy (Pit) or ☐ Portable (w/ser ☐ Compost Toilet	vice contra		gallon)	
75	☐ Run	a Busi						☐ Portable (w/ser	vice contra		gallon)	
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(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

(1)	Show	Location	of:
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Show Location of (*):

(2) Show / Indicate:

Proposed Construction

North (N) on Plot Plan

(4)Show:

(3)

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property Show:

(5)Show any (*): (6)

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20% (7) Show any (*):

See Attachment

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement			Description	Measur	ement
Setback from the Centerline of Platted Road	430	Feet		Setback from the Lake (ordinary high-water mark)	85	Feet
Setback from the Established Right-of-Way	390	Feet		Setback from the River, Stream, Creek	5 3	Feet
				Setback from the Bank or Bluff		. Feet
Setback from the North Lot Line	190	Feet				
Setback from the South Lot Line	125	Feet		Setback from Wetland		Feet
Setback from the West Lot Line	240	Feet		20% Slope Area on the property	☐ Yes	⊠No
Setback from the East Lot Line	96	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	15	Feet		Setback to Well	70	Feet
Setback to Drain Field	15	Feet				
Setback to Privy (Portable, Composting)		Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum re other previously surveyed corner or marked by a licensed surveyor at the owner's expense. nimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the

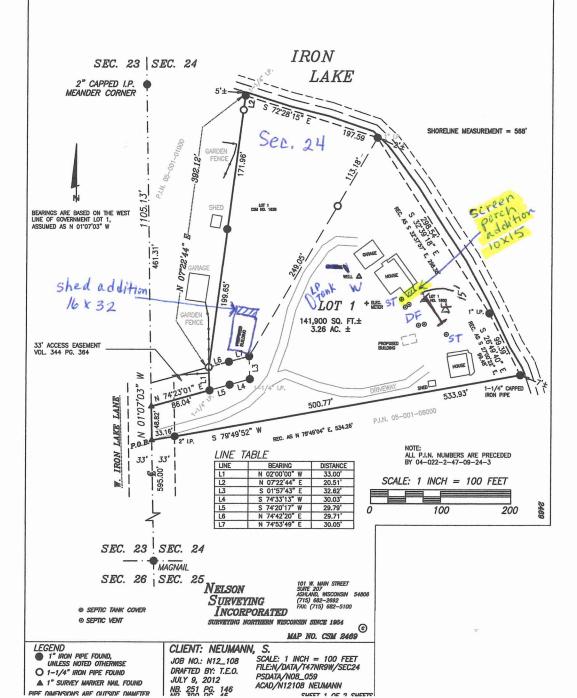
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 12	-1185	# of bedrooms:	Sanitary Date: 10/3/2012
Permit Denied (Date):	Reason for Denial:			
Permit#: 18-0870	Permit Date: 7-31	-18		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming □ Yes (Deed of Record □ Yes (Fused/Contigu	ous Lot(s)) 📉 No	Mitigation Required Mitigation Attached	□ Yes No No □ Yes YNo	Affidavit Required
Granted by Variance (B.O.A.) Yes No Case #:		Previously Granted by ☐ Yes ☐ No		2#: WA
Was Parcel Legally Created Was Proposed Building Site Delineated		Were Property Line	es Represented by Owner Was Property Surveyed	YYes
Inspection Record: Expending exis	ting Scree			Zoning District (A)) Lakes Classification (2)
Date of Inspection: 7/27/2018	Inspected by: 201			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attac	ched?	<u>No</u> they need to be atta	ched.)	Date of Approval
_				7 30 2018
Hold For Sanitary: Hold For TBA:	Hold For Affic	lavit: 🗌	Hold For Fees:	_ □

BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. _____ BEING LOT 1 OF CSM NO. 1639 AND LOT 1 OF CSM NO. 1660, LOCATED IN GOVERNMENT LOT 1, SECTION 24, T. 47 N., R. 9 W., IN THE TOWN OF HUGHES, BAYFIELD COUNTY, WISCONSIN



city, Village, State or Federal May Also Be Required

LAND USE - X SANITARY - 12-118S (10/3/2012) SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. 18	3-0270	Issued	Issued To: Scott & Mary Neumann								
Location: -	½ of -	1/4	Section 24	Township	47	N.	Range	9	W.	Town of	Hughes
Gov't Lot	Lot		Block	Su	bdivisio	n -				CSM#	

For: Residential Addition / Alteration: [1- Story; Screen Porch (15' x 10') = 150 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting

Condition(s):

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

July 31, 2018

Date